

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Arcena	Paula	A.Y.	536-7702 x110
MAILING ADDRESS (Street)			FAX
1360 S. Beretania Street, Suite 200			528-2376
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Medical Association			536-7702 x110
MAILING ADDRESS (Street)			FAX
1360 S. Beretania Street, Suite 200			528-2376
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

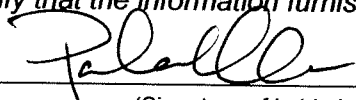
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Medical Association		536-7702 x110
MAILING ADDRESS (Street)		FAX
1360 S. Beretania Street, Suite 200		528-2376
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Paula Arcena		536-7702
MAILING ADDRESS (Street)		FAX
1360 S. Beretania Street, Suite 200		528-2376
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/25/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Linda Rasmussen, M.D.	President

NAME OF ORGANIZATION (if applicable)

Hawaii Medical Association

TELEPHONE

261-4658

MAILING ADDRESS (Street)

30 Aulike Street, Suite 506

FAX

263-2036

(City)

Kailua

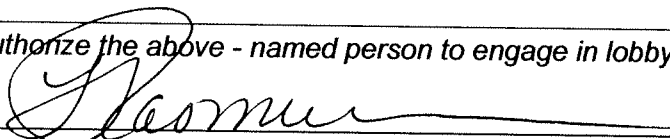
(State)

Hawaii

(Zip Code)

96734

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-25-07

(Date)